

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **09/068227**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7	1	0				
8	1					
9	1					
10		0				
11	1	0				
12	1	1				
13		1				
14		0				
15		0				
16		0				
17	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	10					
TOTAL CLAIMS	24					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51												
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TOTAL CLAIMS												